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ا ر	Substitute for Form PTO-875 Effective December 8, 2004											Anotogico Docked Humber				
	APPLICATION AS FILED - PART I (Column 1) (Column 1)							SMALL ENTITY					OTHER THAN			
1	BASIC FEE		NUMBER FILED		HUMBER						OR	SMALL ENTI		ENTITY		
I	(37 CFR 1.16(4), (6),	or (ci)	NA		. N	+	PATE (1)		FEEG			RATE	(\$)	FEI (I)		
١	SEARCH FEE (37 CFR 1 16(K), (K), or (m))		N/A		NIA.		7	- NVA		150.00		-	, NIÁ		300.00	
	EXAMINATION FE (3) CFR 1.16(0), (p).	E . oc (a))	, NA		1 N/A		-			\$260			N/A		\$500	
	TOTAL CLAIMS (3) CFR 1.16(1)						- -	N/A		\$100			NIA		\$200	
ľ	INDEPENDENT CL (37 CFR 1.16(N)	AMS	mainus 20 a.				-1 P	X\$ 25 ·				OR	X\$50		7-01	
ł	Annah :::		(the specific	hus 3 e	winda		_ X	X100	u	•		```	X200			
	APPLICATION SIZE FEE (37 OPR 1. F6(6))	8 3	\$250 (\$125 dditional 50 : 5 U.S.C. 41 (Millon size thy) for eac ction there 37 CFR 1	Marahan 4						-					
	MULTIPLE DEPEND	1		11	+180=			-	-	+360=	4					
* If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL			1	L	-	+		
	APPL	JCATIO	N AS AMEI								TOTAL	Ļ	<u> </u>			
AMENDACERT			MS AUNG R AENT Minus FR 1.16(s))	- 25	ST ER PF ISLY E	RESENT EXTRA	X	SMAL RATE (1) \$ 25	1	ITY ONAL EE (1)	OR OR	Xi	OTHE SMALL (S)	EN	HAN TITY ADDI- TIONAL FEE (T)	
	FIRST PRESENTA	(Column :			10	TAL D'L FEE			OR OR	T01	AL	<i> </i>				
<u>~</u>		CLAIMS		- (Column	2) (Cok	umn 3)							11.00			
AMENDMENT B	Total	REMAINII AFTER MENOME	NT:	NUMBER PREVIOUS PAID FOR	R PRE	SENT TRÁ	RA ,	(TE (S)	450	VAL	i	RA	TE (\$)	Ą	ADDI- TANAL	
	Or CFR LIGHT		Winne'	-	x .		XS	25 .	FEE	131					Em	
ij	DI OFFI FIGUR		Minus	164	1		X10	00			OR	X\$5				
3	Application Size F40 (27 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.16(g))							***			OR	X20	0			
	THOUSENIATE	VH OF MUL	+1(BØ=			OR	+36	O=		\dashv					
I the entry in column 1 is less than the entry in column 2, write "o' in column 3. "If the Titighest Number Previously Paid For IN THIS SPACE is less than 20. "If the Titighest Number Previously Paid For IN THIS SPACE is less than 20.																

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 97 CFR 1.16. The information is required to obtain or retain, a benefit by the physic which is to file (and by the Inspired process) an application. Confidentiality is governed by 30 LS.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the complete despication form to the USPTO. Three will very depending upon the individual cases. Any comments of the complete interpretation for reducing this bounder, should be sent to the Chief Information Collicer, U.S. Patient ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.